CardinalCare
Virginia's Medicaid Program

Justice-Involved Youth Reentry Benefit: Training Document and FAQs for CSBs

Background

The federal Consolidated Appropriations Act of 2023, Section 5121 requires state Medicaid programs to cover certain services for eligible youth who have been incarcerated and are scheduled for release to the community. This "Youth Reentry" benefit shall be provided during the 30 days prior to and up to 60 days after release from incarceration.

Medicaid programs shall provide for:

- In the 30 days prior to release, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements; and
- In the 30 days prior to release and for up to 60 days following release, reentry targeted case management (RTCM) services including referrals to appropriate care and services available in the geographic region of the home or residence for the eligible juvenile, where feasible.
- VA Medicaid has elected to provide coverage for RTCM up to 60 days after release.

DMAS has been working closely with the Department of Corrections, Department of Juvenile Justice, local and regional jails, Community Services Boards (CSBs), and other partners to operationalize this new benefit.

Local CSBs will provide RTCM services to eligible individuals. DMAS will carve RTCM services out of managed care and reimburse them through Fee-For-Service. DMAS created a new service and provider specialty for this implementation.

When a Medicaid-eligible member is released from incarceration, they will be served in Medicaid Fee-For-Service for approximately 15-45 days until the first MCO enrollment cycle. CSBs will provide RTCM during this period, including coordinating services with community providers and Medicaid Managed Care Organizations (MCOs.) RTCM services will support continuity up to 60 days post-release.

Eligible Populations:

- Medicaid and CHIP eligible children/youth under 21 years old
- Individuals between ages 18 and 26 eligible for Medicaid as a former foster care youth

An individual who is under 21 years of age who was determined eligible for any Medicaid eligibility group, or an individual determined eligible for the mandatory eligibility group for former foster care children, immediately before becoming an inmate of a public institution or while an inmate of a public institution… the term also includes incarcerated youth under age 19 in CHIP who are eligible for services under section 2102(d)(2) of the Act.

RTCM Policy and Provider Manual

DMAS anticipates releasing several guidance documents in the coming weeks, in addition to this FAQ document until the RTCM Manual Supplement is finalized next month.

The RTCM Manual Supplement has completed internal review and approval and is scheduled for publication in the Virginia Register on July 13, 2026. Following publication, the public comment period will remain open through August 13, 2026. Additional information regarding the public comment process will be shared as it becomes available.

Following the close of the public comment period, DMAS anticipates finalizing and publishing the RTCM Services Supplement as quickly as practicable. If no significant issues are identified during public comment, DMAS expects to release a final version shortly thereafter. The RTCM Manual Supplement will be published in the Mental Health (MH) Services Manual and Addiction and Recovery Treatment Services (ARTS) Manual.

DMAS is also developing a more comprehensive Justice-Involved Youth Reentry operational guide to support partners along the continuum of care and provide additional program guidance for stakeholders. DMAS will continue to provide implementation guidance and updates as additional information becomes available.

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1. Program Scope and Eligibility

1.1 What are the age eligibility requirements for Justice-Involved Youth Reentry benefits and services?

The following populations may be eligible for Youth Reentry benefits and services:

- Medicaid-eligible children and youth under 21 years of age
- CHIP-eligible children and youth under 21 years of age
- Youth and young adults between the ages of 18 and 26 who are eligible for Medicaid as former foster care youth

1.2 How long are individuals eligible to receive RTCM services?

Eligible individuals may receive RTCM services during the 30 days prior to their scheduled release from incarceration and for up to 60 days following release.

In Virginia's initial implementation, RTCM services are expected to support continuity of care following release until the individual is enrolled in a Cardinal Care Managed Care Organization (MCO) and connected with MCO care management services. Because MCO enrollment occurs on a monthly enrollment cycle, individuals will generally remain in Fee-For-Service Medicaid for approximately 15 to 45 days following release, depending on the timing of their release date. CSBs will bill RTCM services to FFS for the remainder of the Youth Reentry benefit period, which will overlap with MCO enrollment.

1.3 Are former foster youth from other states eligible for Youth Reentry benefits and services?

Yes. Virginia provides Medicaid coverage to eligible former foster care youth regardless of the state in which they were previously in foster care.

2. RTCM Services

2.1 Who can provide RTCM?

Qualified case managers within a CSB.

2.2 Can RTCM be provided through telehealth?

Yes.

2.3 What does RTCM include?

RTCM is a non-clinical care coordination service focused on assessment, planning, referral, and care coordination activities. RTCM does not include the provision of direct clinical or treatment services such as counseling, medication management, primary care, pharmacy services, or emergency services.

Case managers will provide activities included within the scope of RTCM including

- Reentry Needs Assessment
- Person-centered care planning
- Development of an Individual Support Plan (ISP)
- Review of health records provided by the carceral facility
- Review or completion of screening and diagnostic checklists
- Referrals to community services
- Coordination of ongoing targeted case management services
- Transition Coordination Meeting when an individual enters Managed Care
- Monitoring and follow-up activities

2.4 Will RTCM providers be responsible for arranging or providing transitional housing, transportation, or other direct support services?

No. RTCM will include care coordination, referrals, and linkage activities, but not direct provision of housing, transportation, or treatment services. Carceral entities will assist individuals with transitional housing arrangements prior to release to the extent possible.

2.5 What is the role of the RTCM provider during the Transition Coordination Meeting?

The RTCM provider will facilitate coordination between the individual, carceral facility staff, MCOs (when applicable), community providers, and other involved parties to support continuity of care and successful reentry planning.

2.6 Is there a required Reentry Needs Assessment or screening tool that providers must use?

No. DMAS does not require the use of a specific Reentry Needs Assessment tool.

For each referred individual, VADOC will provide the CSB with a summary of covered Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, along with any available medical records indicating which services the individual has already received while incarcerated, and which services remain outstanding. Covered EPSDT services are based on the Bright Futures/American Academy of Pediatrics Periodicity Schedule.

Providers may use their existing assessment processes and screening tools to identify the individual's medical, behavioral health, educational, social, and other reentry-related needs and to support development of the Individual Service Plan (ISP).

2.7 How should educational needs be addressed during the reentry planning process?

Educational needs will be determined during the Reentry Needs Assessment process. If there are educational needs, the assigned case manager shall link the individual to needed educational services and supports in the geographic region identified in the ISP. Activities may include coordinating appointments and referrals with educational providers, schools, and other community-based programs and supports.

3. Provider Enrollment and Billing

3.1 How do CSBs enroll to provide and bill RTCM services?

CSBs will enroll with DMAS under Provider Specialty 923 and Provider Type 156 or 456 in order to provide and bill Reentry Targeted Case Management (RTCM) services.

Additional provider enrollment information is available through the Virginia Medicaid Provider Portal.

Questions related to RTCM provider enrollment, including issues related to Provider Specialty Code 923, should be directed to Gainwell Provider Enrollment at: VAMedicaidProviderEnrollment@gainwelltechnologies.com.

3.2 What billing codes should providers use for RTCM services?

CSBs will bill RTCM services through Fee-For-Service Medicaid.

The following billing codes apply:

- **S5190 U1** – RTCM, billed once per calendar month when RTCM activity occurs within the allowable service period. Current reimbursement is **$367.31** per unit.
- **S5190** (no modifier) – Transition Coordination Meeting. Current reimbursement is **$153.12** per unit.

RTCM generally may not be billed concurrently with other targeted case management services, except for the Transition Coordination Meeting as outlined in DMAS guidance.

3.3 May providers bill separately for assessments completed during the pre-release period?

Only RTCM services and certain allowable screening services may be billed during the pre-release period. Separate assessment CPT codes are not separately billable as part of RTCM pre-release activities.

4. Referral, Care Coordination, and Transition Processes

Note: A visual overview of the referral and care coordination process is available in the Justice-Involved Youth Reentry Workflow Infographic (Appendix A).

4.1 How are individuals matched to a CSB for RTCM services?

VADOC will match the individual's planned home address to a CSB catchment area to identify the appropriate CSB.

If an individual's anticipated residence is unknown, or if the anticipated residence is located in an area without an enrolled or participating CSB, VADOC may direct the referral to a participating Hub CSB to ensure timely access to RTCM services.

4.2 How and when will a CSB be notified that an individual has been referred for RTCM services?

Carceral agencies will notify the appropriate CSB after they identify an eligible individual, obtain consent, and prepare referral materials.

DMAS will identify eligible incarcerated individuals approximately 45 to 60 days prior to their release date. Following identification, VADOC will obtain consent, compile medical records, and provide referral materials to the assigned CSB in advance of the 30-day pre-release service period.

4.3 How many referrals should CSBs expect to receive during initial implementation?

DMAS is continuing to refine population estimates in collaboration with carceral agencies. Current projections suggest that the number of eligible individuals will vary by region and facility, but the most recent projections suggest approximately 200 VADOC referrals statewide annually. CSBs can consider their population as it compares to the population of Virginia to estimate how many referrals they may receive from DOC facilities annually.

CSBs should expect referrals to occur on a rolling basis as eligible individuals approach their release dates. DMAS and carceral partners are working to identify eligible individuals in advance in order to support manageable referral workflows and allow sufficient time for pre-release care coordination activities.

4.4 How will CSBs receive medical records or screening information from carceral facilities?

VADOC will provide participating CSBs with access to a designated BOX folder (electronic file sharing) containing referral materials, relevant medical records, and a summary of completed and outstanding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

Prior to implementation, VADOC staff plan to contact participating CSBs to establish a BOX account, confirm primary points of contact, and conduct any necessary testing or onboarding activities.

VADOC will upload referral materials and medical records to BOX after staff identify the individual as eligible, obtain consent, and compile the necessary records. VADOC is also exploring the use of automated BOX notifications to alert CSBs when new referral materials become available.

Files uploaded to BOX will remain available for 120 days to support RTCM activities, transition planning, and care coordination. Additional guidance regarding BOX access and records-sharing procedures will be provided as implementation continues.

4.5 When should the initial RTCM assessment and appointment occur?

The initial RTCM contact and assessment activities should occur during the 30-day pre-release period. CSBs should begin coordinating with the carceral facility as early as possible after notification in order to schedule the initial appointment, complete required assessments, and begin care coordination activities prior to release.

4.6 Will RTCM services be provided through telehealth or in-person meetings?

Because VADOC assigns individuals to CSBs based on their anticipated residence upon release rather than the location of the correctional facility, CSBs are expected to deliver pre-release RTCM services through telehealth. This approach allows CSBs to begin care coordination before release regardless of where the individual is incarcerated.

Following release, RTCM services may be provided through either telehealth or in-person contacts, based on the needs and preferences of the individual and the assigned CSB.

4.7 How will CSBs obtain telehealth access for pre-release RTCM appointments?

Once a CSB has been assigned an eligible individual, the CSB should contact the facility-specific point of contact identified by VADOC to request a telehealth appointment. **Contact information will be included in the initial referral.**

CSBs should provide approximately one week's notice when requesting appointments. Telehealth appointments should generally be scheduled during normal business hours (8:00 a.m. – 5:00 p.m.), though facility-specific considerations may apply.

VADOC staff will coordinate scheduling within the facility and will create and distribute the meeting link and connection information for the appointment.

4.8 What happens if an individual's release date changes after RTCM services have already started?

CSBs should continue coordinating with the carceral facility and adjust care coordination activities as needed. Documentation should reflect any release-date changes and resulting impacts on scheduling, assessments, referrals, or transition planning activities.

4.9 What happens if the individual is released before RTCM activities are completed?

CSBs should continue post-release care coordination activities as allowable and appropriate under RTCM requirements. Documentation should reflect which pre-release activities were completed and any outstanding needs requiring follow-up after release.

4.10 What happens if an individual refuses RTCM services?

Providers should document refusals and any outreach attempts in accordance with RTCM documentation requirements and future DMAS guidance related to monitoring and reporting processes. Individuals that refuse RTCM when DOC provides the information will not be referred to the CSB.

4.11 What should a CSB do if an individual's anticipated release address is unknown or changes during the pre-release period?

CSBs should continue coordinating with carceral facility staff and other involved parties to identify the individual's anticipated residence upon release. If the expected discharge location changes, the involved CSBs should coordinate to determine whether reassignment or transfer of RTCM services is necessary.

4.12 What should a CSB do if an individual is transferred to another carceral facility after referral but before release?

CSBs should continue coordinating with carceral facility staff and DMAS as needed to determine whether the transfer affects the individual's release planning, anticipated residence, or RTCM service delivery. Documentation should reflect any changes that impact assessments, scheduling, referrals, or care coordination activities.

4.13 How does Medicaid enrollment transition from Fee-For-Service to Managed Care after release?

Upon release from incarceration, DMAS will keep eligible individuals enrolled in Fee-For-Service Medicaid until their next MCO enrollment cycle.

MCO assignments occur on the 18th of each month and become effective on the 1st of the following month. As a result, individuals will typically remain in Fee-For-Service Medicaid for approximately 15 to 45 days following release, depending on the timing of their release date.

During this transition period, RTCM services continue to support continuity of care until the individual is enrolled with an MCO and connected with MCO care management services. CSBs will bill RTCM to Medicaid FFS for the duration of the Youth Reentry benefit period, even once the individual is in managed care.

4.14 How will CSBs know which MCO an individual has been assigned to?

CSBs may use the MES Provider Portal to verify an individual's Medicaid enrollment information, including Managed Care Organization (MCO) assignment, once enrollment information becomes available.

5. Implementation Status & Future Planning

5.1 When will the first referrals be sent to CSBs following implementation?

Following the July 1, 2026, systems go-live date, VADOC should begin sending Youth Reentry referrals to CSBs in mid-to-late July 2026. As a result, **CSBs are not expected to begin delivering pre-release RTCM services until August 1, 2026.**

This initial one-month delay is necessary to allow time for:

- **DMAS** to identify eligible individuals and relay eligibility information to VADOC;
- **VADOC** to receive eligibility information, meet with and obtain consent from eligible individuals, compile medical records, and notify the appropriate CSB; and
- **CSBs** to review referral materials and schedule an initial telehealth appointment before the start of the 30-day pre-release service period.

As a result, VADOC will initially refer individuals with release dates no earlier than September 1, 2026 (see Appendix A for an example timeline).

5.2 What is the anticipated timeframe for RTCM implementation for individuals being released from DJJ and local and regional jails and detention centers?

Initial implementation of Youth Reentry RTCM services is focused on eligible individuals being released from VADOC facilities. DMAS is also working with DJJ on future implementation, with a target date of Spring 2027. At this time, implementation for local and regional jails and detention centers is not anticipated until later in 2027.

5.3 How does DMAS support Medicaid eligibility and enrollment activities prior to release, particularly to ensure coverage of RTCM services delivered during the 30-day pre-release period?

DMAS has established a data exchange process with VADOC to identify eligible individuals approaching release and facilitate the activation of Medicaid coverage needed to support Youth Reentry services during the 30-day pre-release period. This process is designed to ensure that eligible individuals have access to covered RTCM and other allowable Medicaid services prior to release from incarceration.

6. Documentation and ISP Requirements

6.1 How should providers handle ISP signatures when the individual remains incarcerated at the time the ISP is completed?

The RTCM Services Supplement will specify signature requirements. In general, if the CSB cannot obtain a signature, providers should document why the signature was unable to be obtained, make reasonable attempts to obtain the signature, and document each attempt.

The RTCM Services *Draft Supplement* states that the case manager shall:

- Collaborate closely with the releasing institution and other involved parties in preparation of the ISP.
- Complete the ISP within 14 calendar days of the assessment and document a plan to address all identified medical, social, behavioral health, educational, and other reentry-related needs.
- Review and update the ISP every 30 days, or more frequently if needs change.
- Ensure the ISP reflects the individual's current needs prior to the Transition Coordination Meeting.

7. Special Circumstances and Care Coordination

7.1 How should CSBs obtain consent for RTCM services during the pre-release period?

CSBs should follow existing federal and state requirements related to consent for treatment, information sharing, and telehealth services.

DMAS has received guidance from DBHDS indicating that verbal consent is acceptable during the pre-release period when appropriately documented in the individual's record. If a written signature cannot be obtained while the individual remains incarcerated, providers should document their efforts to obtain written consent, the reason a signature could not be obtained, and the individual's verbal consent to participate in services. Providers should obtain written signatures as soon as feasible following release.

This approach is consistent with DBHDS licensing requirements, which recognize that services provided in carceral settings may involve limited access to records and documentation. It is also consistent with DMAS telehealth guidance, which permits verbal, electronic, or written consent when appropriately documented in the individual's record.

Providers should follow their agency's established documentation practices and maintain records of consent discussions, attempts to obtain signatures, and any barriers encountered during the pre-release service period.

7.2 How should CSBs handle RTCM assignment for individuals who already receive a Developmental Disability (DD) Waiver and have an assigned DD case manager?

Individuals enrolled in a Virginia DD Waiver (Building Independence, Family & Individual Supports, or Community Living) should already have an assigned DD case manager through a CSB prior to incarceration. If the individual becomes eligible for Youth Reentry pre-release services, the individual should remain connected to their existing DD case manager and should not be assigned a new CSB solely based on their anticipated release address.

If the individual plans to discharge to a different region than the one associated with their current CSB, the existing DD case manager should be notified so the CSBs can coordinate any needed transfer using their established internal transfer processes.

If an individual’s DD Waiver is impacted by incarceration, existing DD Waiver processes, including waiver "hold" status procedures, should continue to be followed.

7.3 How should CSBs bill for pre-release RTCM services when an individual already receives DD Waiver case management services?

During the pre-release period, CSBs should bill only the appropriate RTCM billing code for pre-release targeted case management activities. CSBs should not bill both DD Waiver case management codes and RTCM codes for the same period or same service activities.

8. Additional Questions and Technical Assistance

Additional questions regarding the implementation and operation of Youth Reentry services may be submitted to DMAS at:

reentry@dmas.virginia.gov

As implementation begins, DMAS anticipates a higher-than-usual volume of inquiries and technical assistance requests. We appreciate your patience and will make every effort to respond as promptly as possible.

Appendix A: Justice-Involved Youth Reentry Workflow Infographic

This infographic is intended as a visual example of the Section 5121 referral and care coordination workflow. It reflects the journey of a member with a release date of September 1, 2026, who is identified as eligible for Section 5121 services on July 1, 2026. Actual timelines and processes may vary based on individual circumstances, release dates, and operational considerations.

